

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3472

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1376

BIRTH NO.

27 17
CE OF DEATH
14 AND 29
AL RESIDENCE
0238

DECEDENT
PERSONAL
DATA 769

CAUSE
OF
DEATH
(ITEM 18) 0

PERATIONS,
AUTOPSY 19

MEDICAL
TIFICATION 1

DEATH
DUE TO
EXTERNAL
VIOLENCE

ORONER'S
TIFICATION

FUNERAL
DIRECTOR 85
AND
REGISTRAR 2

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 42 Yrs. IN ARIZONA 42 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 349 No. 3rd Ave.			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) CLIFFORD B. (MIDDLE) (CORNELIUS) C. (LAST) HOLLAND		4. SEX Male		5. COLOR OR RACE White	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR April 3 1885		8. AGE (IN YEARS LAST BIRTHDAY) 69	
9B. KIND OF BUSINESS OR INDUSTRY Building		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. 527-05-5150		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Carpenter	
14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Unknown	
16. INFORMANT'S SIGNATURE Mrs. Robert Moore		ADDRESS Waddell Ave.		17. DATE OF DEATH (MONTH) June (DAY) 24 (YEAR) 1954	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION (A) Coronary Arteriosclerosis DUE TO (B) Atherosclerotic AS DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 3 hours years.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 24, 1954, TO June 24, 1954. THAT I LAST SAW THE DECEASED ALIVE ON June 24, 1954, AND THAT DEATH OCCURRED AT 2:55 p.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE (DEGREE OR TITLE) Richard O. Flynn M.D.		22B. ADDRESS Maricopa Co. Hospital, Phoenix		22C. DATE SIGNED 6-25-54	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE June 29, 1954		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park Cemetery	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		26A. DATE REC. BY LOCAL REG. 6/28/54		26B. REGISTRAR'S SIGNATURE Beulah Johnston	
26C. FUNERAL DIRECTOR'S SIGNATURE Henry J. Brown		26D. ADDRESS Phoenix, Arizona		26E. ARIZONA FUNERAL HOME	